

# 2003 Adult Diabetes Guideline

American Diabetes Association  
 Medical Society of the District of Columbia  
 MedChi, the Maryland Medical Society  
 American College of Physicians:  
 Maryland Chapter  
 DC Healthcare Alliance  
 University of Maryland School of Medicine  
 MedStar Diabetes Institute  
 MedStar Research Institute  
 Maryland Association of Diabetes Educators  
 Capital Area Association of  
 Diabetes Educators



Maryland Pharmacists Association  
 Washington Area Geriatric Education  
 Center Consortium  
 Maryland Department of Health and  
 Mental Hygiene  
 District of Columbia Department of Health  
 Delmarva Foundation  
 Maryland Health Care Coalition  
 Faith Community NICH  
 Aetna, Inc.  
 CareFirst BlueCross BlueShield  
 Chartered Health Plan  
 MAMSI  
 Sierra Military Health, Inc.  
 United Healthcare  
 Maryland Health Choice MCO Medical  
 Directors: Amerigroup, Helix Family  
 Care, JAI, Maryland Physicians Care,  
 Priority Partners, United Health Care

Frequency	Procedure/Test	Action or Goal
Every Visit	Interval history <ul style="list-style-type: none"> <li>Review glucose testing log and hypoglycemic episodes</li> <li>Review current medication and adherence</li> <li>Assess coping with diabetes</li> </ul>	<ul style="list-style-type: none"> <li>Consider adjusting diabetes medications if glycemic targets not being met or if frequent hypoglycemia</li> <li>Consider referral to Endocrinologist</li> <li>Discuss coping strategies or refer for counseling, if appropriate</li> </ul>
	Blood pressure	<130/80 mmHg
	Weight or Body Mass Index (BMI)	Appropriate weight or BMI goal <ul style="list-style-type: none"> <li>BMI &gt;25 = Overweight</li> <li>BMI &gt;30 = Obese</li> </ul>
	Basic Foot exam	Inspect skin for signs of pressure areas and breakdown
	Assess patient self-care behaviors: · Smoking · Alcohol · Exercise/physical activity · Eating/weight management	With patient establish/review goals/plan to achieve desired behavior change
Quarterly to Semi-Annually	A1C	Quarterly if treatment changes or not meeting goal (<7%); At least 2 times/year, if stable
	Dental exam	Refer for exam twice yearly
At Least Once Each Year	Assess patient knowledge of diabetes, nutrition, and self- management skills	Provide or refer for diabetes self-management education and/or medical nutrition therapy **
	Depression screening*	Treat with counseling, medication, and/or referral
Annually	Formal Foot Risk assessment <ul style="list-style-type: none"> <li>Check pulses</li> <li>Monofilament exam</li> </ul>	Refer to appropriate specialist based upon foot risk assessment
	Nephropathy screening (spot urine sent for albumin/creatinine ratio)	Normal Ratio <30 mcg/mg (Albumin/Creatinine); - If Microalbuminuria present (Ratio >30 mcg/mg), consider the use of an ACE inhibitor and/or an Angiotensin Receptor Blocker. Maximize blood pressure control
	Lipid Profile Screen	LDL <100 mg/dl HDL >40mg/dl Triglycerides <150 mg/dl
	Retinopathy screening <ul style="list-style-type: none"> <li>Dilated retinal exam by a qualified eye care professional</li> </ul>	If retinopathy present, refer to appropriate specialist. Optimize glycemic and blood pressure control
	Preventive Therapy	
	Aspirin Therapy	81-325 mg/day or 325 mg every other day
	Immunizations	Influenza and Pneumococcal, per CDC recommendations
	Smoking cessation	Treat with counseling, medication, and/or referral

\* United States Preventive Services Task Force recommended questions:

1. "Over the past 2 weeks, have you felt down, depressed or hopeless?" 2. "Over the past 2 weeks have you felt little interest or pleasure in doing things?"

\*\* Some triggers for referral for diabetes education include:

1. New diagnosis
2. Inadequate glycemic control
  - Elevated A1c
  - Frequent or severe hypoglycemia or hyperglycemia requiring emergency room visit or hospitalization
3. Change in diabetes medication regimen
4. High risk based on documented diabetes complications (foot, eye, kidney, cardiovascular disease)

This guideline should not be construed as representing standards of care nor should it be considered a substitute for individualized evaluation and treatment based on clinical circumstances.

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## Body Mass Index Table

Body Mass Index Table																						
Normal							Overweight						Obese									
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
Height (inches)	Body Weight (pounds)																					
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	

Source: Adapted from Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report

The table above calculates Body Mass Index. To use the table, find the appropriate height in the left-hand column. Move across the row to the given weight. The number at the top of the column is the BMI for that height and weight.

Underweight = <18.5      Normal weight = 18.5-24.9      Overweight = 25-29.9

Obesity = BMI of 30 or greater

## ADA Diagnostic Criteria

Random plasma glucose  $\geq 200$  mg/dl and symptoms  
or  
Fasting plasma glucose  $\geq 126$  mg/dl\*  
or  
2-hr plasma glucose  $\geq 200$  mg/dl in OGTT\*

Reference: ADA. Diabetes Care 26 : 533-550, 2003

\* In the absence of symptoms, these criteria should be confirmed by repeat testing on a different day.

## Glycemic Control for Non-Pregnant Persons with Diabetes

Pre Prandial (plasma)	90-130mg/dL
Peak Post Prandial (plasma)	<180mg/dL (less than 10.0 micromole/L)
A1c	<7%

Reference: ADA. Diabetes Care 26, Supplement 1: S33-S50, 2003